PX24

Excerpts of Blair McNea's Individual Financial Disclosures

Item 19.

| Financial Institution Acct # | Name | Bala | nce | |
|---|---------------|------|----------|---------------------------------------|
| 1st Bank | Blair McNea | \$ | 2,003.27 | |
| CapitalOne | Blair McNea | \$ | 5,150.00 | |
| Elevations | Blair McNea | \$ | 298.76 | Cancelled by bank due to asset freeze |
| US Bank | Rachael McNea | \$ | | |
| Visa Signature | Rachael McNea | \$ | 846.85 | |
| We also have Debit cards from the businesses whose assets were frozen. | | | | |

Item 20.

Taxes Payable

\$40,000 estimated for 2016, although the loans to RevGuard and RevGo were made then and if they are wiped out there may be an offsetting loss.

Item 21.

\$50,000 owed to friend David Noah



Attorneys:

Berg, Hill, Greenleaf & Ruscitti & Claude Will

Estimated \$30,000 so far

N/A

Item 22.

COLTAFF account for attorneys, \$50,000, loaned from friend.

N/A

| | - |
|------|----|
| Item | 76 |

| Income: | | Expenses: | | |
|---------------------------------------|---------|---|-----------------|--|
| Salary After Taxes* | \$ | Mortgage | \$ 6,780.29 | |
| Fees commission and royalties | \$ - | Property Taxes | \$ 1,644.74 | \$ 19,736.86 |
| ntrest | \$ | HOA | \$ 116.67 | |
| dividends | \$ | Car or Vehicle Lease or Loan Payments | \$ | |
| gross rental income | \$ | Food Expenses | \$ 1,800.00 | We have a 11 month old, 2 yr old and 5 yr old |
| profits from Sole Propreitorships | \$ | Clothing Expenses | \$ 350.00 | We have a 11 month old, 2 yr old and 5 yr old |
| Distributions from LLC's | \$ | Utilities | \$ 1,390.94 | electric and water and internet western dispos |
| Distributions from Trusts and Estates | \$ | Medical Expenses, Including Insurance | \$ 1,810.89 | COBRA, Dental & Vision |
| Deferred Income Arrangements | \$ | Life Insurance | | |
| Social Security Payments | \$ | Other Insurance Premiums | \$ 405.67 | auto insurance |
| Alimony/Child Support | \$ | Other Transportation Expenses | \$ 800.00 | fuel & maintenance |
| Gambling Income | \$ | Other Expenses: | | |
| Other: | \$ | Co-pays on medical | \$ 120.00 | |
| Maybe unemployment insurance? | \$ | Lawn Care | \$ 164.00 | |
| Blair | \$ | Au pair (foreign person), contracted, Live in | \$ 800.00 | |
| Rachael | \$ - | Babysitter | \$ 450.00 | |
| | | House Cleaners | \$ 714.00 | |
| | | Osteopath | \$ 175.00 | |
| | | Monthly House Maintenance | \$ 1,000.00 | |
| | | Hair care for wife and kids | \$ 160.00 | |
| | | Car Registration Expense | \$ 111.14 | Allocated Monthly |
| | | Tithing to Church | \$ 3,245.00 | |
| | | CC payments | \$ 530.00 | |
| | | Life Insurance | \$ 2,083.33 | |
| | | | | |
| otal | \$ | Total | \$ 24,651.67 | |
| | | | | |
| | | | | |
| All business assets frozen, prior | | | | |

This file can be seen in the excel workbook titled Personal Financial Information 08032017

Note On Income:

The holding companies Boulder Black Diamond, LLC and Turtle Mountains, LLC receive payments from the companies they own in three different ways:

- 1) Distributions of excess capital;
- Reimbursement of submitted business expenses;
- 3) Distribution of capital for the intent of covering tax liabilities.

Therefore, not all cash received by these companies is "income."

Also, note that these holding companies distribute money to Blair McNea in the same three different ways:

- 1) Distributions of excess capital;
- 2) Reimbursement of submitted business expenses;
- 3) Distribution of capital for the intent of covering tax liabilities.

| | | 1) 00 | | | | State Was death | |
|--|------------------------------|--|---------------|--|---|---------------------------|--|
| Item 21. Other Amounts Ow List all other amounts, not listed elsew | red by Yo | ou, Your Spous s financial statemer | se, or You | our Dependents y you, your spouse, or | your depende | ents. | |
| Lender/Creditor's Name, Address, and | d Telephor | the second of th | Debt (if the | e result of a court judg | ment or settle | ment, pro | ovide court name and docket |
| | r | number) | | | | | |
| 1.08/h | 11 | 19 Landar/Cr | editor's Re | elationship to You | | | 4 |
| 500 | 10, | London | Saltoi o i No | | | | |
| Date Liability Was Incurred | Original A | Amount Owed | | Current Amount Owed | d | Paymen | t Schedule |
| / / (mm/dd/yyyy) | \$ | | | \$ | | | |
| Lender/Creditor's Name, Address, an | d Telephor | ne No. Nature of number) | Debt (if the | e result of a court judg | ment or settle | ment, pro | ovide court name and docket |
| | | Lender/Cr | editor's Re | elationship to You | - A - A - A - A - A - A - A - A - A - A | | |
| | e e | | | | | | e. |
| Date Liability Was Incurred | 50F 15E | Amount Owed | | Current Amount Owe | ed | Paymen | t Schedule |
| (mm/dd/yyyy) | \$ | | | \$ | | | |
| | × | OTHER FIN | ANCIA | L INFORMATIC | ON | | |
| Item 22. Trusts and Escrow List all funds and other assets that are retainers being held on your behalf by dependents, for any person or entity. | e beina hel | nsel. Also list all fur | ids or othe | rson or entity for you, er assets that are bein | your spouse, g held in trust | or your d or escro | ependents. Include any legal w by you, your spouse, or your |
| Trustee or Escrow Agent's Name & | Address | Date Established (mm/dd/yyyy) | Grant | tor Benefic | iaries | Pre | sent Market Value of Assets* |
| See No | (6) | 1 1 | | | | \$ | |
| <i>y</i> | | 1 1 | | | | \$ | 9 |
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| | | 1 1 | - | | | \$ | |
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| s s | | | | | v | | |
| *If the market value of any asset is ur | ıknown, de | scribe the asset and | d state its | cost, if you know it. | | | |
| Item 23. Transfers of Assets List each person or entity to whom yo loan, gift, sale, or other transfer (excluentity, state the total amount transfer | s ou have tranude ordinar | nsferred, in the aggr ry and necessary liv | egate, mo | ore than \$5,000 in fund | ds or other ass d to unrelated | sets durin third parti | ng the previous five years by ies). For each such person or |
| Transferee's Name, Address, & Rela | tionship | Property Trans | ferred | Aggregate Value* | Transfer ((mm/dd/y | | Type of Transfer (<i>e.g.</i> , Loan, Gift) |
| See | ¥ | | | \$ | <i>J J</i> | | |
| neotes | | | | \$ | 1 1 . | | |
| | | | | \$ | 1 1 | | X |
| *If the market value of any asset is ur | nknown, de | escribe the asset an | d state its | cost, if you know it. | | | |

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| | of the following documents with your completed Financial Statement. | |
|---------|--|---|
| | Federal tax returns filed during the last three years by or on behalf of you, your spouse, or your dependents. | |
| | All applications for bank loans or other extensions of credit (other than credit cards) that you, your spouse, or your dependents have submitted within the last two years, including by obtaining copies from lenders if necessary, | |
| Item 9 | For each bank account listed in Item 9, all account statements for the past 3 years. | |
| Item 11 | For each business entity listed in Item 11, provide (including by causing to be generated from accounting records) the most recent balance sheet, tax return, annual income statement, the most recent year-to-date income statement, and all general ledger files from account records. | |
| Item 17 | All appraisals that have been prepared for any property listed in Item 17, including appraisals done for insurance purposes. You may exclude any category of property where the total appraised value of all property in that category is less than \$2,000. | |
| Item 18 | All appraisals that have been prepared for real property listed in Item 18. | |
| Item 21 | Documentation for all debts listed in Item 21. | |
| Item 22 | All executed documents for any trust or escrow listed in Item 22. Also provide any appraisals, including insurance appraisals that have been done for any assets held by any such trust or in any such escrow. | |
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SUMMARY FINANCIAL SCHEDULES

Item 25. Combined Balance Sheet for You, Your Spouse, and Your Dependents

| Assets | | Liabilities | | | |
|---|------|--|------|--|--|
| Cash on Hand (Item 9) | \$. | Loans Against Publicly Traded Securities (Item 10) | \$. | | |
| Funds Held in Financial Institutions (Item 9) | \$ | Vehicles - Liens (Item 16) | \$ | | |
| U.S. Government Securities (Item 10) | \$ | Real Property – Encumbrances (Item 18) | \$ | | |
| Publicly Traded Securities (Item 10) | ·\$ | Credit Cards (Item 19) | \$ | | |
| Non-Public Business and Financial Interests (Item 11) | \$ | Taxes Payable (Item 20) | \$ | | |
| Amounts Owed to You (Item 12) | \$ | Amounts Owed by You (Item 21) | \$ | | |
| Life Insurance Policies (Item 13) | \$ | Other Liabilities (Itemize) | | | |
| Deferred Income Arrangements (Item 14) | \$ | | \$ | | |
| Vehicles (Item 16) | \$ | | \$ | | |
| Other Personal Property (Item 17) | \$ | | \$ | | |
| Real Property (Item 18) | \$ | | \$ | | |
| Other Assets (Itemize) | | | \$ | | |
| | \$ | | \$ | | |
| | \$ | | \$ | | |
| 8 | \$. | | \$ | | |
| Total Assets | \$ | Total Liabilities | \$ | | |

Item 26. Combined Current Monthly Income and Expenses for You, Your Spouse, and Your Dependents Provide the current monthly income and expenses for you, your spouse, and your dependents. Do not include credit card payments separately; rather,

include credit card expenditures in the appropriate categories.

| Income (State source of each item) | | Expenses | |
|---|------|---|----|
| Salary - After Taxes Source: | \$ | Mortgage or Rental Payments for Residence(s) | \$ |
| Fees, Commissions, and Royalties Source: | \$ | Property Taxes for Residence(s) | \$ |
| Interest Source: | \$ | Rental Property Expenses, Including Mortgage Payments, Taxes, and Insurance | \$ |
| Dividends and Capital Gains Source: | \$. | Car or Other Vehicle Lease or Loan Payments | \$ |
| Gross Rental Income Source: | \$ | Food Expenses | \$ |
| Profits from Sole Proprietorships Source: | \$. | Clothing Expenses | \$ |
| Distributions from Partnerships, S-Corporations, and LLCs Source: | \$ | Utilities | \$ |

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| Distributions from Trusts and Estates | | Medical Expenses, Including Insurance | | |
|---|-----------------|---------------------------------------|----------------------|----|
| Source: | \$ | Medical Expenses, including insurance | | \$ |
| Distributions from Deferred Income Arrangements | | Other Insurance Premiums | | |
| Source: | \$ | | | \$ |
| Social Security Payments | \$ | Other Transportation Expenses | | \$ |
| Alimony/Child Support Received | \$ | Other Expenses (Itemize) | | |
| Gambling Income | \$ | | | \$ |
| Other Income (Itemize) | | | | \$ |
| | \$ | | | \$ |
| | \$ | | | \$ |
| | \$ | | | \$ |
| Total Income | \$ | Total Expenses | | \$ |
| Item 27. Documents Attached to this Fi | nancial S | | ttacked avalais why | |
| List all documents that are being submitted with this litem No. Document Relates To | rinanciai state | Description of Document | ttached, explain why | |
| item No. Document Relates 10 | | Description of Document | | |
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I am submitting this financial statement with the understanding that it may affect action by the Federal Trade Commission or a federal court. I have used my best efforts to obtain the information requested in this statement. The responses I have provided to the items above are true and contain all the requested facts and information of which I have notice or knowledge. I have provided all requested documents in my custody, possession, or control. I know of the penalties for false statements under 18 U.S.C. § 1001, 18 U.S.C. § 1621, and 18 U.S.C. § 1623 (five years imprisonment and/or fines). I certify under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on:

Signature